



APPLICATION AND ENROLMENT FORM

Ref:

1

Surname/family name:

Other names:

Date of birth:
Day Month Year Male Female

Nationality:
& Language Spoken

Please include two
passport-sized
photographs

2

Address in London:

Tel no:

E-mail:

Address in your country:

Emergency contact details:

Name:

Tel no:

3

I wish to start my course on:
Day Month Year

I wish to study: weeks
how many?

Preferred time of study: 9.30-1.30 12.30-4.30 9.30-12.30 12.30-3.30
 3.30-5.30 5.30-7.30 7.30-9.30

Which programme would you like:

	Mon	Tue	Wed	Thurs	Fri
4 hours					
3 hours					
2 hours					

Office use only:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4

Have you ever studied in the U.K. Before Yes No

If so, where

How did you hear about Speakeasy?

- Speakeasy Student Family Leaflet Friends Internet
 Newspaper / Magazine (which?)
 Others (Please Specify)

5

Payment Method

- Cash (in person only)
 Bank transfer (Proof of purchase must be enclosed)

Barclays Bank, Hammersmith branch, P.O. Box 738, London W6 9HY
SPEAKEASY (SCHOOL) LTD
Account: 80156469 Sort code: 20-35-93
IBAN: GB92 BARC 2035 9380 1564 69
SWIFTBIC: BARCGB22

- Credit Card
Card type: (Access / Visa / Mastercard etc.)

Please debit credit card no:

Name as on credit card:

Expiry date: (month / year)

If you are using somebody else's card, please give the cardholder's address and signature:

6

Accommodation* (optional)

Would you like us to make accommodation arrangements for you? Yes No

If so, what type:

Single SC

Single BB

Single HB

Twin SC

Twin BB

Twin HB

Please book me weeks of accommodation Start date
day month year

Are you a smoker? Yes No

What Religion are you

Any dietary requirements

Any special requests

Details of person to be contacted in case of emergency

* For explanation of abbreviations see our Accommodation Details

7

Airport / Station Transfer (optional)

Do you require the airport meeting service? Yes No

Date of arrival Time of arrival
day month year

Arrival airport Flight number Coming from

Do you require the station meeting service? Yes No

Date of arrival Time of arrival
day month year

Arrival station Coming from

8

Payment Summary

The total amount required to be paid before the Course begins is:

Course Fee	£	<input type="text"/>	Refer to Pricelist for information on the due payments.
Airport / Station Transfer Fee	£	<input type="text"/>	Please contact the school direct (phone, fax e-mail) with details of your arrival.
Accommodation Payment	£	<input type="text"/>	Please contact the school direct (phone, fax e-mail) with details of the accommodation you require.
No of weeks: x at £ x per week			
Total	£	<input type="text"/>	

9

Payment Summary

I have read, understood and agreed to the terms and conditions set by Speakeasy School of English as being legally binding on my part:

Signature:

Date:
day month year

Your completed enrolment form should be sent to:

Speakeasy School of English
24 Chiswick High Road
London W4 1TE
UK